

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8826**
Registrar's No. **2309**

Registration District No. **704**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Genevieve Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 yrs.** (Specify whether years, months or days)
In this community **30 yrs.**

3. (a) PRINT FULL NAME **John Joseph Hirzy**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **488-16-7701**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Divorced Unknown** 6. (c) Age of husband or wife if alive **Nil** years

7. Birth date of deceased **October 28 1980**
(Month) (Day) (Year)

8. AGE: Years **59** Months **4** Days **10** If less than one day hr. min.

9. Birthplace **Unknown** **Austria**
(City, town, or county) (State or foreign country)

10. Usual occupation **Moulder**

11. Industry or business **Stove Co.**

12. Name **Unknown**

13. Birthplace **Unknown** **Austria**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **Austria**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **John B. Hirzy**

(b) Address **4928 Blaney Ave**

17. (a) **Burial** (b) Date thereof **Mar. 11 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Edward J. Brown**

(b) Address **3934 N. 20th St.**

19. (a) **MAR 9 1940** (b) **John B. Hirzy**
(Date received local registrar) (Signature of informant)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5249 Genevieve**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **30 yrs.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8** year **1940** hour **3** minute **50** P. M.

21. I hereby certify that I attended the deceased from **March 8 1940** to **March 8 1940**

that I last saw him alive on **March 8 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Haemorrhage** Duration **1 hr.**

from Gun Shot wound

Due to **of Chest, self-inflicted**

Due to **in O'Fallon Park**

Other conditions **March 8 1940**

Major findings: **State Exact time**

Of operation **Unknown**

Of autopsy **Swindle**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **suicide**

(b) Date of occurrence **3/8/40**

(c) Where did injury occur **St. Louis**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Place**

While at work **Yes** (Specify type of work) (Specify type of injury)

23. Signature **Alfred J. Brown** (M. D. or other)

Address **Alfred J. Brown** Date signed **3-9-40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Alfred J. Boedeker

Licensed Embalmer No.....

2663

P. O. Address.....

4204 Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.